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| E-111             | to this information to                          | ideatife  |   |                          |            |        |                |                |              |                                  |          |
|-------------------|---|---|---|--------------------------|------------|--------|----------------|----------------|--------------|----------------------------------|----------|
|                   | in this information to otor 1                   | Janice Lynn   |   |                          |            |        |                |                |              |                                  |          |
| Del               | otor 2<br>buse, if filing)                      | <u> </u>  |   |                          |            |        |                |                |              |                                  |          |
| Uni               | ted States Bankrupto                            | cy Court for the  | : EASTERN DISTRICT  | OF PENNSYLVANI           | A          |        |                |                |              |                                  |          |
| Cas               | se number 19-1                                  | 2755  |   |                          |            |        | Ch             | eck if this is | :            |                                  |          |
|                   | nown)   | 2,00  |   | -                        |            |        |                | An amende      | ed filina    |                                  |          |
|                   |   |   |   |                          |            |        |                | A supplem      | ent showin   | g postpetition<br>ollowing date: |          |
| 0                 | fficial Form                                    | 106I  |   |                          |            |        |                | MM / DD/ Y     | /YYY         |                                  |          |
| S                 | chedule I: Y                                    | our Inco  | ome   |                          |            |        |                | , 22,          |              |                                  | 12/15    |
| spo<br>atta<br>Pa | use. If you are sepa<br>ch a separate sheet     | trated and you<br>to this form. (<br>Employment   | are married and not filir<br>r spouse is not filing w<br>On the top of any additi | ith you, do not inclu    | ıde infor  | matio  | n abo          | ut your sp     | ouse. If mo  | ore space is                     | needed,  |
| 1.                | Fill in your emplo<br>information.              | yment   | Debtor 1  |                          |            |        |                | Debtor 2       | 2 or non-fi  | ling spouse                      |          |
|                   | If you have more th                             | e page with   | Employment status   | ■ Employed               |            |        | ☐ Employed     |                |              |                                  |          |
|                   | attach a separate information about employers.  |   | Linployment status  | ☐ Not employed           |            |        | ☐ Not employed |                |              |                                  |          |
|                   |   |   | Occupation  | Payroll                  |            |        |                |                |              |                                  |          |
|                   | Include part-time, s<br>self-employed work      |   | Employer's name   | National Computing Group |            |        |                |                |              |                                  |          |
|                   |   | pation may include student Employer's address memaker, if it applies. Pittsburgh                                |   |                          | 15223      |        |                |                |              |                                  |          |
|                   |   |   | How long employed t   | here? <u>2 year</u>      | s          |        |                |                |              |                                  |          |
| Pai               | t 2: Give Deta                                  | ails About Mor  | thly Income   |                          |            |        |                |                |              |                                  |          |
|                   | mate monthly incoruse unless you are so         |   | ate you file this form. If  | you have nothing to ı    | report for | any li | ne, wı         | ite \$0 in the | space. Inc   | clude your noi                   | n-filing |
| -                 | u or your non-filing s<br>e space, attach a sep | •   | ore than one employer, co   | ombine the information   | on for all | emplo  | yers f         | or that perso  | on on the li | nes below. If                    | you need |
|                   |   |   |   |                          |            |        | For D          | ebtor 1        |              | btor 2 or<br>ng spouse           |          |
| 2.                |   | st monthly gross wages, salary, and commissions (beleductions). If not paid monthly, calculate what the monthly |   |                          | 2.         | \$_    |                | 7,200.00       | \$           | N/A                              |          |
| 3.                | Estimate and list monthly overtime pay.         |   |   |                          | 3.         | +\$_   |                | 0.00           | +\$          | N/A                              |          |
| 4.                | Calculate gross Ir                              | ncome. Add lin  | ne 2 + line 3.  |                          | 4.         | \$     | 7,             | 200.00         | \$           | N/A                              |          |

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| Debt | or 1   | Janice Lynn Cutter  |                         | C  | Case number (if known)      | 19-12     | 755     |              |          |
|------|--|---|-------------------------|----|-----------------------------|-----------|---------|--------------|----------|
|      |  |   |                         |    | For Debtor 1                |           | ebtor   |              |          |
|      | Copy line 4 here   |   |                         |    | \$ 7,200.00                 | non-t     | iling s | pouse<br>N/A |          |
|      | ООР  | y line 4 nere   | 4.                      |    | Ψ                           | Ψ         |         | IN/A         | _        |
| 5.   | List   | all payroll deductions:   |                         |    |                             |           |         |              |          |
|      | 5a.  | Tax, Medicare, and Social Security deductions   | 5a                      |    | \$1,930.56_                 | \$        |         | N/A          | _        |
|      | 5b.  | Mandatory contributions for retirement plans  | 5b                      |    | \$ 0.00                     | \$        |         | N/A          | _        |
|      | 5c.<br>5d.   | Voluntary contributions for retirement plans Required repayments of retirement fund loans   | 5c.                     |    | \$ 0.00<br>\$ 0.00          | \$        |         | N/A          | _        |
|      | 5u.<br>5e.   | Insurance   | 5d<br>5e                |    | \$ 0.00<br>\$ 0.00          | \$        |         | N/A<br>N/A   | _        |
|      | 5f.  | Domestic support obligations  | 5f.                     |    | \$ 0.00                     | \$        |         | N/A          | _        |
|      | 5g.  | Union dues  | 5g                      |    | \$ 0.00                     | \$        |         | N/A          | _        |
|      | 5h.  | Other deductions. Specify:  | 5h                      |    | \$ 0.00                     | + \$      |         | N/A          | _        |
| 6.   | Add  | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.                      | ,  | \$1,930.56                  | \$        |         | N/A          | _        |
| 7.   | Calc   | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.                      |    | \$5,269.44                  | \$        |         | N/A          | _        |
| 8.   | List<br>8a.  | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total |                         |    |                             |           |         |              |          |
|      |  | monthly net income.   | 8a                      | ١. | \$ 0.00                     | \$        |         | N/A          |          |
|      | 8b.  | Interest and dividends  | 8b                      | ٠. | \$ 0.00                     | \$        |         | N/A          | _        |
|      | 8c.  | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce   |                         |    |                             |           |         |              |          |
|      |  | settlement, and property settlement.  | 8c                      |    | \$ 823.00                   | \$        |         | N/A          |          |
|      | 8d.<br>8e.   | Unemployment compensation Social Security   | 8d<br>8e                |    | \$ 0.00<br>\$ 0.00          | \$        |         | N/A          | _        |
|      | о <del>с</del> .<br>8f.  | Other government assistance that you regularly receive  | oe                      | ٠. | \$                          | Φ         |         | N/A          | _        |
|      | 01.  | Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  |                         |    |                             |           |         |              |          |
|      | 0  | Specify:  | _ 8f.                   |    | \$ 0.00                     | \$        |         | N/A          |          |
|      | 8g.<br>8h.   | Pension or retirement income Other monthly income. Specify: Pro-rated tax refund  | 8g<br>8h                |    | \$ <u>0.00</u><br>\$ 530.00 | *<br>+ \$ |         | N/A<br>N/A   | _        |
|      | OH.  | Tro-lated tax refund  | _ 011                   |    | Ψ                           | ΤΨ        |         | IN/A         | _        |
| 9.   | Add  | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.                      | \$ | 1,353.00                    | \$        |         | N/           | <b>A</b> |
| 10.  | Calc   | culate monthly income. Add line 7 + line 9.   | 10.                     | \$ | 6,622.44 + \$               |           | N/A     | = \$         | 6,622.44 |
|      | Add  | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  |                         |    | 3,022.11                    |           |         |              | -,       |
| 11.  | 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J.  Specify:  11. +\$ 0.00 |   |                         |    |                             |           |         |              |          |
| 12.  |  | the amount in the last column of line 10 to the amount in line 11. The rest e that amount on the Summary of Schedules and Statistical Summary of Certain ies  |                         |    |                             |           | 12.     | \$           | 6,622.44 |
|      | _  |   | Combined monthly income |    |                             |           |         |              |          |
| 13.  | Do y   | /ou expect an increase or decrease within the year after you file this form?<br>No.   | ?                       |    |                             |           |         |              |          |
|      | _  | Vos Evolain:  |                         |    |                             |           |         |              |          |